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ABSTRACT

This booklet is designed to help Minnesota parents of young children with disabilities to find services to assist them and to help their children learn and grow. It begins by stressing the importance of parent advocacy for children with disabilities. Following sections address: (1) federal requirements for early intervention for children with disabilities, the Individualized Family Service Plan, and kinds of services available; (2) making a referral and screening for disabilities; (3) assessments, evaluation results, and qualifying for services; (4) the Individualized Family Service Plan meetings, plan development, required components, and transition planning; (5) family rights under the law and procedural safeguards; (6) resolving differences with school personnel, mediation, and due process hearings; and (7) statewide requirements under the Individuals with Disabilities Education Act and other laws addressing individuals with disabilities. Appendices include acronyms parents may need to know, a list of relevant terms, suggested readings, Minnesota special education rules, and a list of Parent Training and Information Centers and Community Parent Resource Centers. (CR)

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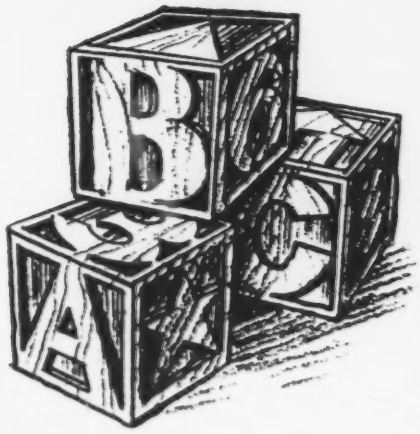

FAMILIES ARE IMPORTANT

An Early Childhood Guidebook for Families of Young Children with Disabilities

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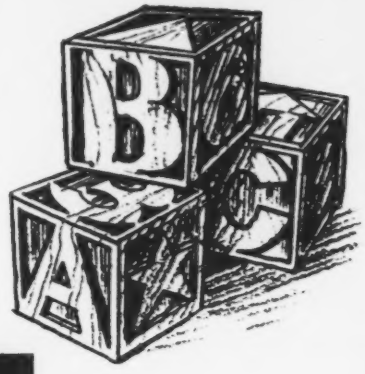

FAMILIES IMPORTANT

An Early Childhood Guidebook for Families of Young Children with Disabilities

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Introduction: You Are Important!

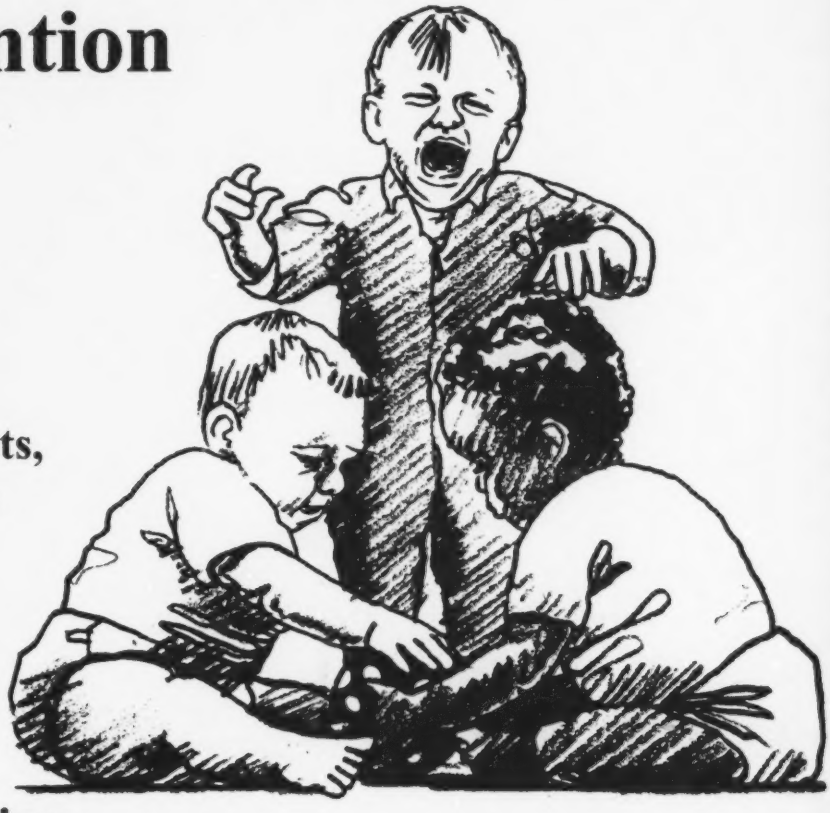
As parents, you are the most important people in your children's lives. You know your children better than anyone else. You laugh and cry with them. You share their joys and challenges.

Children are a big responsibility. You make sure your children are safe and have good care. You watch to see that they grow and develop as they should for their age. This is a big challenge!

It can be an even bigger challenge if you know your child has a disability or if you think your child is not developing like other children the same age. It's hard to know what your child should be doing and what to expect. You may feel alone and not know where to turn for help.

This booklet will help you find services to assist you and help your child learn and grow. Parents are their children's best and most important advocates, but you need information and support. We hope this booklet will be a helpful guide for your journey through your child's early years. Though developed for Minnesota parents, parents in other states will also receive helpful information. A list of all the federally funded parent training and information centers is included at the end of the booklet.

Early Intervention and the Law



The law says that infants, toddlers, and preschoolers who have a disability or who are experiencing a developmental delay may be eligible for early intervention or special education and related services. "Early Intervention Services" means an array of services designed to meet the developmental needs of an eligible infant or toddler with a disability. Early intervention services can also support families as they help their children to grow and develop.

These services are available through:

- local school districts and schools,
- community health or social service agencies and organizations, and
- other public and private providers.

Children may qualify for early intervention services if they:

1) have a developmental delay or disability in one or more of the following areas: physical, communication, cognitive, adaptive, or social/emotional development; or

2) have a diagnosed condition which has a high probability of resulting in developmental delay; and

3) meet state eligibility criteria.

The Law Leads the Way

The laws recognize the important role families play in their children's lives. Families become team members with professionals. This means you have an important role to play in deciding what your child needs.

There are federal and state laws that are important to know about. They require that children who have disabilities receive certain services and have rights.

The Individuals with Disabilities Education Act (IDEA) amendments of 1997 is the name of the federal law that addresses early intervention services for young children. The section of the law covering children ages birth through two is called Part C. Part B of IDEA covers special education services for ages three through an individual's 22nd birthday. Each state passes its own additional law and writes rules telling how the federal law will be carried out. (For more information, see "In More Depth" in this booklet.)

At the Heart of the Matter . . .

There are several important features of Part C. The system is designed to be family-driven. This means parents should be involved every step of the way. Because parents know their child's strengths, interests, and frustrations, they must be included in developing the outcomes for their child and in planning services.

The *Individualized Family Service Plan* (IFSP) is a process and a written plan which includes the resources, strengths, and needs of families to meet the developmental needs of their child.

The IFSP is a promise to children and families that:

- the strengths of each will be recognized and built upon,
- their needs will be met in a way that respects their beliefs and values, and
- their hopes and aspirations for their child will be encouraged.

This means the child is looked at within the bigger family picture. Sometimes called family evaluation, key pieces include family background, lifestyle, and cultures; what the family thinks is important; and desired goals for child and family.

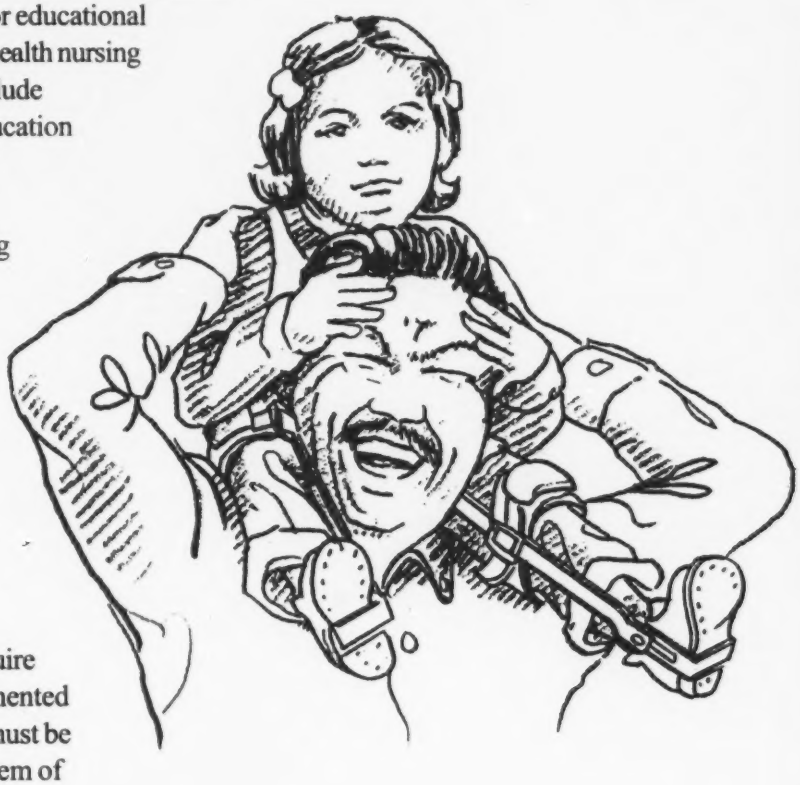
The IFSP should be developed through collaboration between the family and professionals. You will work together to study your child's needs and how to help him or her grow. The IFSP team must include parents, other family members as appropriate, a service coordinator and other persons conducting evaluations , service providers, and others you may wish to include, such as an advocate.

One other key element of Part C states that services are to be provided in the child's natural environments such as the home and community settings where children without disabilities participate.

This law brings together services from the agencies of education, health, and human services. Because the three agencies are working together in a coordinated and comprehensive way, families have easier access to services. This is called *interagency collaboration.*

What Kinds of Services Are Available?

Many services are available depending on what your child needs. They can be health services, human services, or educational services. Health services might include public health nursing or nutrition education. Human services can include financial assistance or respite care. Special education services focus on learning skills in any area of development.



Because the family is so important to a young child, services are offered for families too. These services help families become better able to help their children. Families may receive help in areas such as finding child care, suggestions on sibling issues related to the child's disability, or in-home support services.

Depending on the needs of the child and family, a variety of services may be provided. Some will be free, such as special education through the public school, and others may require the parents to pay a fee, if the state has implemented a sliding scale fee. However certain services must be provided at no cost even if the state has a system of payments including a schedule of sliding fees.

Taking the First Steps

Do you think your child might need help?

For example, does your child:

- have a disability you know about?
- cry or whine much of the time?
- not let anyone hold or touch him?
- have difficulty sitting up (by the age of one)?
- not seem to be able to hear, see, or understand?

Making a Referral

If you think your child might need help, you can call your school district, county human services, or public health office. Many communities have a central place for making referrals.

You will be asked basic information such as your child's name and birth date and your name, address, and telephone number.

Another person can call and make the referral for you. Referrals can also be made by doctors and others who work with young children such as child care providers.

As soon as possible, usually within a few days of your call, a person will call to talk with you and/or arrange to meet you and your child. This person is usually called a service facilitator or service coordinator. He or she may be a public health nurse or an early childhood special education teacher. When you talk, you will be asked questions about your child such as what your child can do and why you are concerned. You can ask questions, too. You may be asked to complete some forms to give more information.

Based on this contact, you and the facilitator will decide whether to continue this process and do a screening or an evaluation. Or you may decide that a referral to another community agency meets your needs.

Screening: A Quick Look

When a screening is done, a developmental checklist or another tool may be used. You may be asked to sign a form giving your permission for the screening to take place. Based on the results, the professional doing the screening will make a decision about whether your child needs to be evaluated. If you disagree with the decision, you can ask for a meeting to talk about the decision and your concerns. You may also wish to call and talk with an advocate from a parent center.

All screenings are reviewed by a team of professionals; sometimes this is called an interagency review team. The team will include someone from each of the three agencies involved in early intervention: education, human services, and health. This is usually an administrative level meeting, but you can ask to attend by calling the service facilitator.

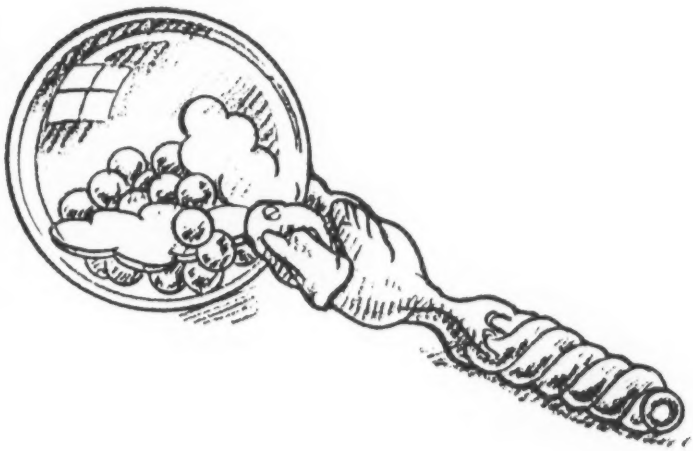
Some children pass the screening and their development is within normal limits. If your child passes the screening but you would still like to see that he or she receives some extra help, the team should tell you about other ways you can find resources in your community.

You can also ask that the team review your child's development again at a later time. Sometimes this means that your child will receive follow-up or that his or her development will be monitored or tracked.

Evaluation: A Closer Look

If the decision is made for an evaluation to be done, your child's development will be looked at more closely. This should be scheduled at a time convenient for you and may be done at your home, your child's day care, or another location. You will be asked to sign a form giving your permission to conduct this evaluation.

Children who have a diagnosed medical or developmental disability may move directly to evaluation. When a child has been diagnosed with a developmental delay or a disability, a referral to the central intake point should be made within two working days. This referral is usually made by the medical professionals providing services to your child.



Assessment: How Is My Child Developing?

Once your child has been referred for evaluation, all assessment must be completed and a meeting held within 45 calendar days of the referral.

If the child qualifies and you want to receive services, a team that includes you, the parent, will meet to discuss the evaluation information and to write an Individualized Family Service Plan (IFSP).

An evaluation can be done in all areas of development or in only one or two areas. Each area of development you have concerns about should be evaluated.

What Is an Evaluation?

An evaluation is a way of learning about your child. The evaluation team will want to find out what your child can do and what he or she has trouble doing. They need to know your child's strengths and needs.

A professional will arrange to spend some time with you and your child. He or she might play with your child at your home or another place where your child is comfortable. The person will observe what your child likes to play with, what he or she can do with his or her body, and how he or she responds to people.

You will be asked for information, too. Try to have medical reports available and any other information you think may be useful.

Please note:

- What you know about your child can be very helpful. If your child has a disability, learn all you can about it. PACER and other parent centers have lists of disability specific groups.
- All information you share must be kept confidential.

What You Know Can Help!

Here are some ideas of what you could share:

- What concerns me most about her?
- What is she really good at?
- When did he first sit up, walk, or say his first words?
- How does she play with other children?
- How does he act when I leave him at child care?
- What is her favorite thing to do? Who is his favorite person?
- What kind of help do I think he needs?

This is a good time for you to ask questions.

- Should I be concerned because my child is not doing this skill?
- Could my child's health history be related to his or her development?
- What are other children doing at this age?
- Why doesn't my child know how to do this?

Please note:

- If you need an interpreter, you can request one through your facilitator or service coordinator.
- You never have to share any information that you are not comfortable sharing!
- You can ask questions, too!

Testing might discriminate against your child because of disability or culture. For example, Hmong families may encourage their young children to stay close to the mother rather than encouraging early independence. On an evaluation it may appear that the child has a developmental delay when in fact it may be a cultural difference.

Evaluation Results and Qualifying for Services

An evaluation will tell how your child is developing, what skills your child knows, and to what level he or she has progressed. This is called your child's "current level of performance." It is a picture of the child's development at this time. The team will gather the evaluation information and compare it to state eligibility criteria (see Special Education Rules) for early intervention services. You should receive a copy of the evaluation summary report. You may wish to request that you receive it prior to the meeting so you have time to read it just as other team members do.

Evaluation may find that some children are developing within normal limits. Some children ***may not qualify*** *for services because their delays are not severe enough.* Usually the service facilitator will meet with a family to explain why the child is not eligible. If your child will not receive services, the team should tell

you about other ways you may be able to receive help for your child. You can also ask the team to review your child's development again at a later time.

Read the evaluation report to see if it is complete and accurate. If you do not agree with the evaluation, tell the other team members. Maybe more information about your child is needed. In certain instances, you have the right to ask that your child receive an independent, outside evaluation paid for by the school district. If you disagree with the evaluation information or if the district does not have staff who are qualified to do the evaluation, you have the right to ask for your child to be evaluated by a qualified professional from outside of the school system. The school district must either provide your child with an independent educational evaluation (IEE) or initiate a due process hearing. You may also choose to pay yourself to have your child evaluated by an outside source. In this case, the team must consider the evaluation information in planning but not necessarily implement the recommendations.

Children may qualify for service under non-categorical early childhood special education (ECSE). This means the child is not identified as having a specific disability. However, a child can also qualify for service under a specific disability category, such as autism.

If your child does qualify for early intervention services and you want to receive these services, a plan will be written (see next chapter). The IFSP is a single plan that has all required services written in it, no matter who provides these services.

If you choose not to receive early intervention services, the team should explain to you your rights and responsibilities. You should be referred to other community resources if you so desire.

Information I want to share . . .

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Questions I want to ask . . .

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Made Just for You . . . the IFSP

The Individualized Family Service Plan — the "IFSP" — is the heart of early intervention. The IFSP is a plan written especially to meet the needs of your family and your child. It will spell out the services your child and your family can expect. It will be a map to guide you and the professionals working with you.

The IFSP should be the result of cooperative planning between you and the team of other people who are learning about your child. You will work together with professionals to find what you need to help your family reach your goals.

The purpose of the IFSP meeting is to talk about, as a team, all important information, concerns, and resources. Your child's evaluation will be discussed. Other topics will include outcomes for your child and family, what services are needed, and how the services will be provided.

The IFSP team will talk about your child's strengths and needs. What are the concerns? What is your child's current level of performance? You will share your ideas with the group. The people at the meeting will also talk about what your child can do. These are his or her strengths. Be sure to tell them what you think your child does well!

Here's what should happen:

- Your family's strengths and resources will be used as building blocks.
- You will be asked for your ideas and concerns.
- You will know about meetings.

- You will know who to call for help.
- Your priorities, beliefs, and values will be honored.
- Your hopes will be encouraged.

An IFSP is:

- both a process and a document;
- a plan of services and supports; and
- a help for families and children in their natural daily environments.

Ready . . . Set . . . Go!

To prepare for the IFSP meeting, the service facilitator will talk with you about who you would like to attend the meeting, what the agenda will be, and the meeting time and location. The facilitator will also make arrangements for the meeting and notify all team members in writing.

Meetings should be at a time and a place that is convenient for you. If it is scheduled at a time that is not good for you, let the facilitator know so it can be re-scheduled. There also might be more than one meeting.

In order to develop a good IFSP, you and other members of the team will need to share information about your child. As the parent, you will need to think about:

- what you want your child to learn;
- what help he or she needs;
- other areas in which your child and family may need support (for example, sibling concerns or how grandma will be taught to administer medication while providing child care); and
- who you would like on the IFSP team.

Think about these things carefully. Is there anything that the team should know before the IFSP meeting? Call the facilitator or your contact person and let him or her know your thoughts.

Thoughts About My Child . . .

Strengths: _____

_____

_____

_____

Needs: _____

_____

_____

Thoughts About My Family . . .

Strengths: _____

_____

_____

_____

Needs: _____

_____

_____

Who Will Be There?

There will be a meeting to plan the IFSP, and you should be there. Other people will be invited to the meeting who know your child or could help decide what services would help him or her. They may include:

- early childhood teacher
- child care provider
- doctor or nurse
- therapist
- personal care attendant
- Head Start teacher
- advocate
- others

Who comes to the meeting depends on what your child and your family needs and on whom you want to attend. This should be discussed with your facilitator. Not all agencies need to be represented at every meeting.

You can suggest other people who would be helpful in planning for your child and know what he or she needs. It could be someone who cares for your child, another family member, a friend, or a professional with experience in working with your child's disability or cultural background.

Outcomes: Desired Changes for My Child and Family

Outcomes describe changes desired by your family. You and the team will talk about what you hope your child will accomplish. You can also identify outcomes for your family. The team will write these down. You will put them in the order of what is most important. Here is what an outcome could look like: "Sam will learn to sit up."

Objectives: How We Will Reach the Outcome

You and other team members will list at least two objectives for each outcome. Objectives are steps or ways of reaching outcomes. Here's what objectives could look like:

- "Mrs. Brown will be taught three exercises that will strengthen Sam's back muscles by May 1."
- "Sam will learn to balance in a sitting position while someone holds his hands by April 15."

Services

After you decide on the outcomes and objectives, you will talk about what kinds of services could help your child do these things. You will talk about different people who could help make the outcomes and objectives happen. Then you and the team will pick people to work with your child. You should be able to have services fitting your values, beliefs, and goals for your child.

For example, in order to teach Sam to sit up, the team decided to have a physical therapist work with Sam at his home two times a week. The therapist will also teach his mother ways to help Sam sit up.

In Minnesota, services can include core services and appropriate services.

Core services are to be provided at no cost to families with eligible children. These core services include:

- screening
- identification and referral
- assessment
- evaluation
- special instruction and related services
- service coordination
- due process

Special education and *related services* are important terms to know. Special education is any specially designed instruction to meet the unique needs of a child with a disability. These services are provided by qualified personnel. Related services are those services designed to enable a student to benefit from special education. Some examples are speech pathology, physical therapy, occupational therapy and transportation. Assistive technology devices and services may also be considered related services.

For example, Sam may also need assistive technology. Because he has difficulty using his hands to play with toys, he may need switch-activated toys. Services could include providing toys for the family to use, connecting the family to resources for modifying toys, and teaching Sam how to play with these toys.

Appropriate services are those that are necessary for a child to benefit from early intervention and meet the child's and family's needs. These can include:

- evaluation
- assistive technology devices and services
- speech language pathology and audiology
- service coordination
- counseling
- early identification
- family training
- health services
- home visits
- medical services for diagnosis and evaluation
- nursing
- nutrition
- occupational or physical therapy
- psychological services
- respite
- screening
- social worker transportation and related costs
- vision services

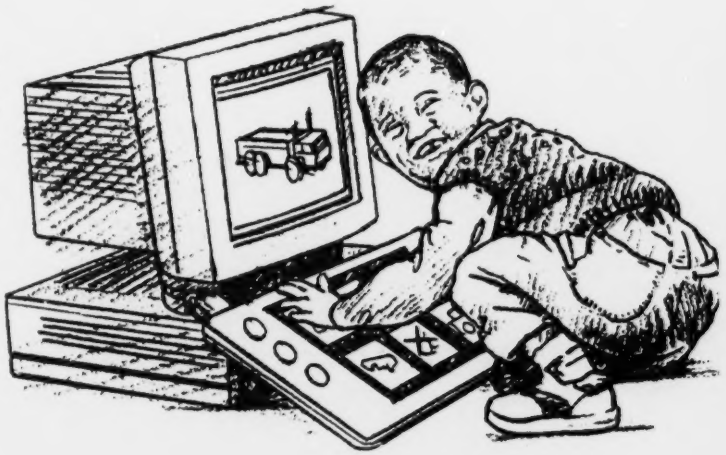
In Minnesota, some services such as occupational therapy and vision services may be either core or appropriate services. If you have questions, ask your service coordinator or call an advocate from PACER or another parent training center.

Interagency cooperation means agencies will work together to pay for the services children need. The school must ensure that special education and related services are provided at no cost to parents. The school may access the child's private insurance and Medicaid if parents would not incur a financial cost and parents agree to allow the education agency to access their insurance. Health and human services do not fund special education services, but they may fund other available services.

Services for your child need to be provided in places where other children would be at the same age. This is called the least restrictive environment (LRE) or the natural environment if your child is less than three years of age. Services need to be provided in the home or wherever your child is during the day, such as at a babysitter's house or a child care center. This is called a natural environment. Whenever appropriate, your child should have contact with typically developing and disabled children of his or her age..

Services can be delivered in a variety of settings. The setting must be appropriate to meet the needs of the child. Most services for children ages birth through two are provided in your home (called home-based) or at your child's day care. Usually beginning at age three, children can also receive services in center-based early childhood special education (ECSE) classrooms or in community-based programs, such as a preschool.

If your child needs to be in the hospital for a long time, you may want to ask that services be provided there if appropriate. Services can also be delivered in a



combination of settings, such as a child who attends both an ECSE and a preschool program.

In Minnesota, the two kinds of special education services are direct services and indirect services. Direct services are given by a teacher or a related professional and provide instruction given to the child. Indirect services are provided by a teacher or related-services professional to parents, family members, or another teacher or related-services professional. Indirect services include cooperative planning, consultation, and modification and adaptation of materials, equipment, or curriculum. It can also include direct pupil contact to monitor, observe, and follow up.

When children need services not available within the community, teams must create appropriate arrangements. You must be offered a choice of programs and services for your child. If the appropriate choice does not exist, one must be created. You do not need to accept inappropriate services or no services because the appropriate choice is not ready.

Each family's service plan should be one-of-a-kind created to meet your family's needs and wishes. You can choose to use some services offered and refuse others.

The team will then set timelines. When can you expect services to start? How often and where will they be delivered? How long will they last? When does the team hope your child and family can achieve the outcomes? When will your team meet again to review the plan?

Service Coordination

You will also be asked to choose a service coordinator. This person can be a professional or another parent who has been trained as a service coordinator. He or she will keep the IFSP process flowing smoothly by arranging meetings and communicating with team members. He or she will locate community resources, information, and other services to help your family and your child. You can call your service coordinator with questions or problems.

The service coordinator assists and enables the child and family to receive the rights, procedural safeguards and services authorized under the state early intervention program.

After the Meeting

After the meeting, you will be sent a copy of the IFSP. You decide whether you want the services outlined in the IFSP. If you agree, you will sign the IFSP, and the services will begin.

If you are not happy with the plan, you should check the form saying you disagree with the plan and are requesting a meeting to discuss your issues. You can also call or write to your service coordinator about your concerns. Always keep a copy of any letters you send. See "Resolving Differences" in this book for more information.

What Must Be in the IFSP?

- Information about your child's developmental status.
- Family information (with family consent).
- Outcomes your child and family will achieve.
- Specific services to meet the needs.
- Dates and times and how long the services will last.
- Payment arrangements.
- Service coordinator's name.
- Transition planning at age 2 years, 9 months.
- Required signatures (parent and authorized persons for agencies providing early intervention services).

IFSP Annual Evaluation and Periodic Review

The services you agree to will start once you sign the IFSP. The team evaluates the IFSP once a year. This is sometimes called an *annual evaluation.*

Also, a *periodic review* must be done every six months (or more often if needed). Periodic reviews are done by the family and the service coordinator or by the team. The purpose of the periodic review is to look at the progress made toward the outcomes. You will help decide whether any changes need to be made in outcomes or services.

The service coordinator will schedule the annual evaluation and periodic review and notify the team members about these meetings in writing.

Transition Planning at 3

Transition planning should begin at least 90 days before the child's third birthday, or, at the team's discretion, up to six months before the child's third birthday. This is to help prepare for a smooth move from an early intervention program to a preschool program.

When a child turns three, all special education and related services must be provided in the least restrictive environment possible. In planning for the child's transition to preschool, the team should consider whether or not a child could make appropriate progress in an integrated environment if the appropriate supports and services were provided. Examples of possible preschool programs include public or private preschools and Head Start centers. The team must justify any decision to provide educational services in a segregated setting.

The IFSP must include a separate page of information related to the educational funding changes that take place at age three (from Part C to Part B of IDEA).

IFSP: Not Written in Stone

You can request to change the IFSP even after you sign it. The IFSP can be revised any time there is a need to do so. The IFSP should be flexible enough to change with your child.

If things aren't working out, call your service coordinator. Tell him or her what is wrong, and talk about your concerns. A team meeting can be held to make formal additions or changes to the IFSP document.

Think about these things before you meet:

- Is my child making progress?
- Would changes make things better?
- What changes can I suggest?

For information on solving problems, see "Resolving Differences" in this booklet.

Please note: In Minnesota, children ages birth through two who qualify for service must have an IFSP. After age three, some children have an individualized education program (IEP) instead. This only covers special education services in the public schools. You may also have a plan for county or health services. Some communities write IFSPs for children ages three to five. Children can continue to receive Early Childhood Special Education to age seven.

Be a Good Team Member

1. Attend all the meetings about your child.
2. Learn more about your child's disability.
3. Be a good listener. Ask questions. Listen to what other people say about your child.
4. Share what you know about your child. You are an expert about your child! Tell the team what he likes or does not like, the ways he learns best, and what he does well.
5. When you don't agree, talk about it. Look for compromise in ways that are all right for your child and family.
6. Know your rights.
7. Keep good records of all meetings and conversations. Date them.
8. Put requests in writing if you can, and keep copies.

Important Rights!

These early intervention laws give families very important rights.

These are your rights:

- You must be included in planning services.
- Your views must be respected.
- You must receive the information you need to play an active role.
- You must give your permission before service begins.
- You can say no.
- You can change your mind.
- You can receive help in resolving problems.

You have these rights too:

- If your child is eligible for early intervention services, the IFSP must be written within 45 days of when he or she was referred.
- Someone must tell you in writing before a service can be changed. You may disagree.
- The professionals involved in serving your child must make sure you understand all information about the services.

Procedural Safeguards

Parents have the right to:

- *Free Appropriate Public Education (FAPE)*
  Your child with a disability is entitled to have available a free appropriate public education designed to meet his or her individual needs.
- *Least Restrictive Environment (LRE)*
  To the maximum extent appropriate, your child should be educated in regular classes with appropriate supplementary aids and services with children who do not have disabilities. This is often referred to as education in the least restrictive environment.

- *Nondiscriminatory testing*
  Tests given to your child must not discriminate on the basis of his or her disability or racial or cultural background.
- *Examine records*
  You can ask to see the records kept on your child and family, to have them explained, and to obtain copies. You can ask to have factually inaccurate records changed.
- *Written prior notice*
  You must be notified in writing regarding any evaluation services or any changes in your service plan.
- *Use of parent's native language or preferred mode of communication*
  Your native language or preferred mode of communication must be used so you can participate in making decisions about your child's program. If possible, information should be provided in the language or way of communicating (i.e. sign language, Braille) that you use.
- *Written consent*
  You must give your consent in writing before any evaluation is done or services are provided. Make sure you understand what will happen as a result of your agreeing to give or not give your consent.
- *Confidentiality and release of information*
  In general, records kept on your child and family cannot be shared with others unless you give written permission. This could include the right to written notice of, and written consent to, the exchange of information among certain agencies working with you and your child. Schools are prohibited from releasing personally identifiable information to Medicaid, but in other cases interagency information sharing is not necessarily prohibited. The Family Educational Rights Privacy Act (FERPA) does apply to these records and gives parents some, but not unlimited, protection.
- *Surrogate parents*
  In Minnesota, children who are under the guardianship of the commissioner of human services (wards of the state) or whose parents are unknown or are unavailable must be represented in the educational process by surrogate (substitute) parents. They are appointed by the school district.
- *Independent educational evaluation*
  You may obtain an independent (outside) evaluation if you disagree with the school's evaluation results. The school district must pay for this evaluation or request a hearing to show that the evaluation is appropriate. If the hearing officer finds that the school district's evaluation is appropriate, you will not be able to receive public funding for an independent evaluation that you secure. If you choose to pay for an outside evaluation and request that it be placed in your child's record, it must be considered in planning.
- *Accept or decline services without risk*
  You can accept or decline services which are recommended by the team to meet the needs of your child and family. You may decline some services and accept others. Services may be reviewed and changed at any time.
- *Appeal process*
  You and the school are entitled to make use of appeals when differences cannot be resolved.

Resolving Differences

If you have a concern, or if you disagree with the plans for your child, call your service coordinator. When differences arise, try first to resolve them informally with the service coordinator.

Parents and school personnel should work to resolve disagreements. These could occur when you:

- have disapproved of an IFSP in writing,
- believe your child is not receiving appropriate service,
- think additional services are needed,
- have refused consent to an evaluation,
- believe that the school's evaluation is inappropriate and you want the school to pay for an outside evaluation.

To request a school conference or meeting regarding your child's program, send a letter to your service coordinator outlining the areas with which you disagree. Keep a copy for yourself.

If you can't work out problems this way, call an advocate such as a parent advocate at PACER or your state's parent training center. The advocate will help you decide what you can do and help you know your rights.

If informal procedures are not successful, there are procedural safeguards and parent appeal processes. In Minnesota conciliation is solely an educational process, while the other types of due process options can be interagency in nature.

Conciliation in Minnesota

The conciliation conference is your opportunity to "iron out" disagreements with the school. This conference is not required but is definitely recommended to resolve any problems relating to your child's educational services. It must be held within ten calendar days of your written request. You have the right to bring anyone you choose, such as a relative, a friend, advocate, or other representative, to a conciliation conference. Parents and school personnel discuss their viewpoints at the conference and attempt to find a solution. More than one conciliation conference may be held if the first conference does not resolve the problem. A conciliation conference should never delay or stand in the way of your right to a due process hearing.

Mediation

Mediation is a process for resolving differences between two or more parties. This process can be used when you disagree with one or more agencies or when agencies disagree with each other. Participants are helped to understand various points of view and are supported in exploring options to reach a mutually satisfactory agreement.

When you and any of the agencies (education, health, or human services) involved are unable to resolve differences, any of you may request mediation. Both you and the agency involved must agree to mediation. Mediation will be at no cost to you or the agency. Mediation does not change your right to a due process hearing. In Minnesota, Part C mediations must take place within thirty days. The mediator is an objective, specially trained person who will try to help both parties resolve the concerns.

The mediator is not a decision-maker. The mediator is trained to assist parties to find a solution agreeable to both sides.

Information on mediation in Minnesota is available from:

Minnesota Alternative Dispute Resolution
Bureau of Mediation Services
340 Centennial Bldg.
658 Cedar Street
St. Paul, MN 55155
(651) 297-4635 voice
(651) 282-6396 fax

Due Process Hearing and Review

A hearing could be used to resolve issues regarding identification, evaluation, placement, or the provision of appropriate early intervention services to your child and your family. You may request a due process hearing at any time if you have not been able to resolve differences.

The due process hearing is more formal than a conciliation conference or mediation. An impartial hearing officer serves as a neutral third party to hear both sides and issue a decision. The decision must be issued in writing within 45 calendar days of the hearing request. (A 30-day time frame is encouraged for young children as stated in federal rule.)

If you are involved in a due process hearing, it is advisable to be represented by an attorney who is familiar with special education laws. You should realize that the agency or agencies involved will most likely be represented by an attorney. Agencies must tell parents that the federal law (IDEA) allows for the reimbursement of attorney's fees if parents prevail (win) in the hearing, state-level appeal or, if applicable, court action.

To request a due process hearing, send a letter to the due process contact person designated by your local Interagency Early Intervention Committee (IEIC) or by your school district if your child is in a preschool program. Your local IEIC can give you the name, address, and phone number of this contact person. Call your service coordinator, special education director, or PACER Center for more information.

The contact person will notify the Minnesota Department of Children, Families and Learning. You may do this yourself by contacting:

Manager: Office of Accountability & Compliance
Department of Children, Families & Learning
1500 Highway 36 West
Roseville, MN 55113
(651) 582-8689 voice
(651) 582-8201 TTY

If parents or agencies are not satisfied with the decision of the hearing officer, the decision may be appealed to the Commissioner of the Minnesota Department of Children, Families and Learning within 30 calendar days of receipt of the written decision. The commissioner will then appoint a hearing review officer who will issue a final decision within 30 calendar days. The officer may ask for additional evidence and makes a decision based on review of the hearing record.

Courts

In addition to the due process procedures, two other avenues of appeal may be open. Here, too, you should first attempt to resolve differences informally.

The State Complaint Procedure can be used when a rule or law has been broken. The complaint procedure may be used by any individual (parent, teacher, or other person) or by an agency or organization. The Minnesota Department of Children, Families and Learning coordinates with other state agencies to review and resolve the complaint. Each state agency conducts a process to resolve specific complaints filed regarding the services provided by its local agency.

Complaints should be addressed in writing to:

Manager: Office of Accountability & Compliance
Department of Children, Families & Learning
1500 Highway 36 West
Roseville, MN 55113
(651) 582-8689 voice
(651) 582-8201 TTY

A complaint officer will investigate and issue a report to both parties within 60 days of receiving the written complaint.

Also, Section 504 of the Rehabilitation Act of 1973 prohibits discrimination solely on the basis of a person's disability. To file a complaint in Minnesota, address the complaint in writing to:

Office for Civil Rights
U.S. Department of Education
Room 700C, 401 South State St.
Chicago, IL 60605-1202
(312) 886-8434 voice
(312) 353-2540 TTY

Individuals from other states should contact the appropriate OCR office for their state.

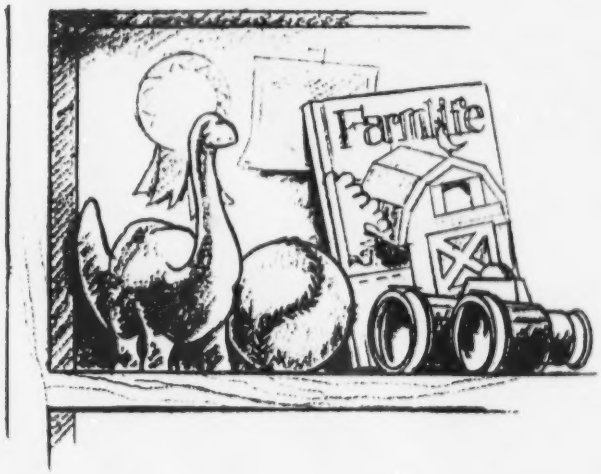
Local and State Interagency Dispute Procedures

A local interagency dispute occurs when the local school board and the county board are unable to agree as to who is to coordinate, provide, pay for, or facilitate payment for services from public and private sources. The local agencies may request a mediation process to resolve the dispute. If disputes cannot be resolved, the commissioner of the Minnesota Department of Children, Families and Learning reviews the matter with the commissioner of health and the commissioner of human services and makes a decision. This decision is binding unless appealed to the state court of appeals.

A state interagency dispute occurs when the state agencies involved cannot agree on an issue. When this occurs, the final decision rests with the Governor.

For more information and who to contact if these situations arise, contact your local special education director or PACER Center.

In More Depth



The laws described in this booklet are part of federal and state statute. First passed in 1986 by the United States Congress as Part H of P.L. 99-457 (renamed Part C of IDEA after the 1997 reauthorization), they were designed to encourage states to develop family-centered, community-based programs.

The purpose of these laws is to enhance the development of infants and toddlers from birth to age three who have disabilities and to help them lead productive lives in the community. In addition, Part C recognizes the importance of families in meeting the needs of their young children.

The legislation, enacted as part of the Education of the Handicapped Act Amendments of 1986, was a phase-in program to help states develop comprehensive, state-wide systems of early intervention services. Each state plan must set up collaboration between the three main service providers for young children in each state: Human Services, Health, and Education.

The federal law (renamed Individuals with Disabilities Education Act, IDEA, in 1990 and reauthorized in 1997) lists minimum components for a statewide system serving families who have young children ages birth through two with disabilities. They are:

- definition of the term "developmentally delayed"
- timetables for serving eligible children
- timely, comprehensive, multidisciplinary evaluation of the infant/toddler/family
- an IFSP which includes appropriate service coordination
- a comprehensive child find system
- a public awareness program
- a central directory
- a comprehensive system of personnel development

- a lead agency for administration, identification and coordination of resources, assignment of financial responsibility, procedures, resolution of intra/inter agency disputes and interagency agreements to define financial responsibility
- procedural safeguards
- personnel standards
- data collection on numbers of infants/toddlers/ families in need of appropriate early intervention services
- policies for contracting with service providers
- supervision and monitoring of programs financial responsibility, procedures, resolution of intra/inter agency disputes and interagency agreements to define financial responsibility
- procedural safeguards
- personnel standards
- data collection on numbers of infants/toddlers/ families in need of appropriate early intervention services
- policies for contracting with service providers
- supervision and monitoring of programs

In each state one of three agencies (Education, Health, or Human Services) serves as the "lead agency" and is responsible for the general administration, supervision, and monitoring of programs and activities; the coordination of all resources and the assignment of financial responsibility to appropriate state agencies; and the resolution of disputes. In Minnesota the lead agency is the Department of Children, Families and Learning (formerly the Department of Education).

In 1994 Minnesota began full implementation of a Part C system for infants and toddlers and their families.

Interagency Collaboration

Minnesota has an interagency agreement between the Departments of Children, Families and Learning; Health; and Human Services. Originally passed in 1987, this agreement defines the goals, objectives, and activities of each department in the planning and delivery of early intervention services. It also includes a plan for determining financial responsibility, resolution of disputes, and procedural safeguards.

Minnesota and other states have an Interagency Coordinating Council (ICC) made up of members who are appointed by the Governor. In Minnesota this council is called the Governor's Interagency Coordinating Council on Early Childhood Intervention. At least 20% of the members must be parents of children with disabilities whose age is birth through 12. Other members represent public and private agencies and service providers, the legislature, advocacy organizations, and higher education.

The ICC advises and assists the lead agency to develop, implement, and finance a system of delivering services for children from birth through five and their families.

It recommends policies which address how to incorporate each agency's services into a unified state and local system. These include:

- multidisciplinary evaluation practices,
- individual family service plans,
- ways to find children who need services, and
- ways to improve public awareness.

At the local level, Interagency Early Intervention Committees (IEICs) meet to plan and coordinate local early intervention services. Parents must be included on these committees. Call your service coordinator, special

education director, or parent training center such as PACER for more information on how to become involved in your IEIC.

Part B of IDEA

Before 1975, children with disabilities were not guaranteed the right to a public education. The federal requirement that a free appropriate public education be made available for children with disabilities was enacted as part of Public Law 94-142, the Education for All Handicapped Children Act, passed in 1975 (known now as IDEA). It states that, "All children, no matter how severe the handicap, are entitled to a free appropriate education in the least restrictive environment and their parents are entitled to due process rights and procedural safeguards." It requires state and local educational agencies to provide special education and related services beginning at age three and possibly lasting until graduation from high school or the 22nd birthday.

Minnesota Special Education Laws—Chapter 3525

The Minnesota state law follows the federal legislation and is known as Chapter 3525 (Minnesota Special Education Laws). The state's special education law was originally passed in 1976 and defines how IDEA will be implemented in Minnesota. After the early intervention law was passed, Minnesota law was changed to require special instruction and services to begin at birth, and it created the state Interagency Coordinating Council. It also establishes responsibilities between county human service agencies, public health agencies, and school districts.

Section 504

Section 504 of the Rehabilitation Act passed in 1973. The act states that "no otherwise qualified handicapped individual shall be discriminated against in any federally funded program." The areas covered under the act include employment, education and housing.

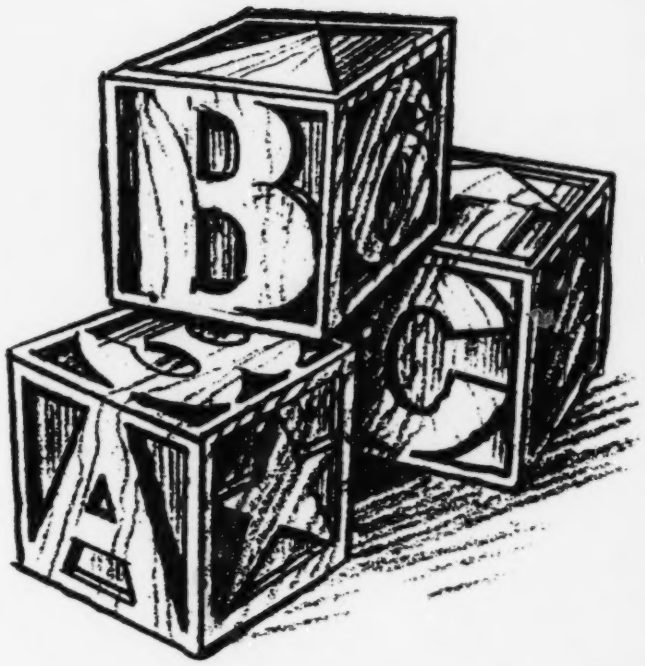
Americans with Disabilities Act

Another federal law that is important to people of all ages who have a disability is the Americans with Disabilities Act (ADA) of 1990. It also covers areas such as child care, transportation, housing, and employment.

Please note:

Federal and state laws are constantly changing. They are modified through legislative changes, federal agency policies, and court decisions. PACER and the other parent training centers help keep parents up to date on these changes.

Acronyms You May Need to Know

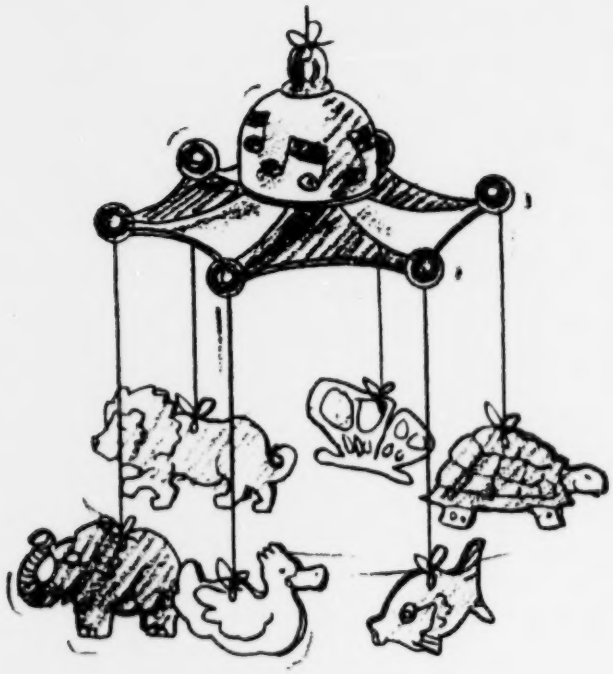


ADA	Americans with Disabilities Act of 1990
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AE	Age Equivalent
AOM	Assurance of Mastery
APE	Adaptive Physical Education
ASL	American Sign Language
CA	Chronological Age
CAC	Community Alternative Care Waiver
CADI	Community Alternatives for Disabled Individuals
CF	Cystic Fibrosis
CFL	Minnesota Department of Children, Families and Learning (formerly the Minnesota Department of Education)
CHCO	Children's Home Care Option (see also TEFRA)
COTA	Certified Occupational Therapist Assistant
CP	Cerebral Palsy
CPR	Cardio-Pulmonary Resuscitation
CSSA	Community Social Services Act
DAPE	Developmental Adaptive Physical Education
DD	Developmental Delay or Developmental Disability
DHS	Department of Human Services
DS	Down Syndrome
EBD	Emotional/Behavioral Disorder

EC	Early Childhood
ECFE	Early Childhood Family Education
ECSU	Educational Cooperative Service Unit
EEG	Electroencephalogram
EHA	Education of Handicapped Children Act (later called IDEA; see also PL 101-476)
EPS	Early and Periodic Screening
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FAPE	Free and Appropriate Public Education
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effect
FERPA	Family Education Rights and Privacy Act
HI	Hearing Impaired
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IECIP	Interagency Early Childhood Intervention Project
IEP	Individualized Education Program
IEIC	Interagency Early Intervention Committee
IFSP	Individualized Family Service Plan
IHP	Individualized Habilitation Plan
IIIP	Individual Interagency Intervention Plan
IQ	Intelligence Quotient
ISD	Independent School District
ISP	Individualized Service Plan
LD	Learning Disability
LEA	Local Education Agency
LRE	Least Restrictive Environment
MA	Medical Assistance (Medicaid)
MA	Mental Age
MCH	Maternal and Child Health
MCSHN	Minnesota Children with Special Health Needs (under Minnesota Department of Health)
MD	Muscular Dystrophy
MH	Mental Health
MI	Mental Illness
MMH	Mild-Moderate Mentally Impaired
MR	Mental Retardation
MR/RC	Home & Community Based Waiver for Persons with Mental Retardation or Related Conditions (Title 19)
MS	Multiple Sclerosis
MSA	Minnesota Supplemental Aid
MSMI	Moderate-Severe Mentally Impaired
NICU	Neonatal Intensive Care Unit
OHI	Other Health Impairments

OT	Occupational Therapy
PAC	Parent Advisory Council
PCA	Personal Care Attendant
PDD	Pervasive Developmental Disorder
PHN	Public Health Nurse
PI	Physically Impaired
PKU	Phenylketonuria
PL	Public Law
PL 94-142	Education for All Handicapped Children Act of 1975
PL 99-457	Education of the Handicapped Amendment of 1986 (relates to infants and toddlers)
PL 101-476	Individuals with Disabilities Education Act of 1990 (IDEA)
PL 105-15	Individuals with Disabilities Education Act of 1997 (IDEA)
PT	Physical Therapy
SD	Standard Deviation
SEA	State Education Agency
SEAC	Special Education Advisory Committee Section
503/504	Sections of the RehabilitationAct of 1973 that focus on affirmative action (503) and preventing discrimination (504)
SLD	Specific Learning Disability
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SW	Social Worker
TBI	Traumatic Brain Injury
TDD	Telecommunication Device for the Deaf (also see TTY)
TEFRA	Tax Equity and Fiscal Responsibility Act of 1988 or PL 97-248 (see also CHCO)
TTY	Teletypewriter
VI	Visual Impairment
WS	Waivered Services

Terms



Advocate — is someone who takes action to help someone else as in "educational advocate;" it also means to take action on someone else's behalf.

Amendment — is a change, revision, or addition made to a law.

Appeal — is a written request for a change in a decision or the act of making such a request.

Appropriate — means, in special education, that a service meets the educational needs of the child.

Assessment — is a collecting and bringing together of information about a child's learning needs; it is a process using observation, testing, and test analysis to determine an individual's strengths and weaknesses to plan his or her educational services.

Assessment team — is a team of people from different areas of expertise who observe and test a child to find out his or her strengths and needs.

Child Find — is a service directed by each state's Department of Education for locating, identifying, and serving children with disabilities.

Cognitive — is a term that describes the process people use for remembering, reasoning, understanding, and using judgment.

Counseling — is advice or help given by someone qualified to give such advice or help (often psychological counseling).

County case management — is the coordination of county services and programs for eligible persons by a county social worker.

Developmental — means having to do with the steps or stages in growth and development of a child.

Developmental assessments — are standardized measures of a child's development as it compares to the development of other children at that age.

Developmental history — is the developmental progress of a child in such skills as sitting, walking, and talking.

Disability — is defined in IDEA as a degree of mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities that results in an individual's need for special education and related services.

Due process procedure — is an action that protects a person's rights; in special education, this applies to action taken to protect the educational rights of students with disabilities.

Early intervention services or programs — are programs or services designed to identify and serve developmental needs as early as possible.

Eligible — means able to qualify.

Evaluating — means assessing a child's special learning needs.

Evaluation — is a way of collecting information about a student's learning needs, strengths, and interests; the evaluation is part of the process of determining whether a student qualifies for special education programs and services.

Family assessment — is a family-directed identification of the needs of the family related to the development of the child.

Financial worker — is a person employed by a county to administrate financial assistance programs such as Medical Assistance, TEFRA, and other financial assistance programs.

Free appropriate public education (FAPE) — is one of the key principles of IDEA. FAPE ensures that special education and related services (1) be provided at no cost to the parent or child, (2) be under public supervision and direction, (3) meet the standards of the SEA, (4) include preschool, elementary school, or secondary school education in the state, and (5) are provided in conformity with an individualized education program.

Interagency Coordinating Council (ICC) — is the state level council that advises the lead agency on issues related to early intervention services.

Interagency Early Intervention Committee (IEIC) — is the local-level committee responsible for planning and coordinating early intervention services among local agencies.

Individualized Education Program (IEP) — is a written education plan developed by a team of professionals (teachers, therapists, etc.) and the child's parent(s) for students ages three through 21 with disabilities and is reviewed and updated yearly; it contains a description of the child's level of development, learning needs, goals and objectives, and services the child will receive.

Individualized Family Service Plan (IFSP) — is a written plan for an infant or toddler (ages birth through 2 years old) and his or her family which may be interagency in nature; it is developed by a team of people who have worked with the child and the family and is reviewed and updated yearly; it contains a description of the child's level of development, needs of the child and family, outcomes and objectives, and services to be provided.

Lead agency — is the agency within a state or area in charge of overseeing and coordinating early childhood programs and services; in Minnesota, the state lead agency is the Department of Children, Families and Learning. Local communities may identify a local lead agency.

Least Restrictive Environment (LRE) — refers to the expectation that, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Natural environment — means a setting where children of a particular age would typically be found.

Occupational therapy — is therapy or treatment provided by an occupational therapist that helps an individual develop mental or physical skills that will aid in daily living; it focuses on the use of hands and fingers, on coordination of movement, and on self-help skills such as dressing, eating with a fork and spoon, etc.

Parent training and information centers (PTIs) — are federally funded centers (such as PACER) in each state that provide information to parents of children with disabilities about their rights to access services, work with schools and educators to ensure an appropriate educational placement for their child, understand the methods of testing and evaluating a child with a disability, resolve differences, and make informed decisions about their child's needs. (See PTI list in Appendix.)

Personal care attendant (PCA) — is a person usually employed by a home care agency who assists persons who have disabilities with activities of daily living (ADLs).

Physical therapy — is a therapy or treatment provided by a physical therapist that helps improve the use of bones, muscles, joints, and/or nerves.

Placement — is the classroom, program, or setting that is selected for a student with a disability.

Psychosocial development — is the psychological development of a person in relation to his or her social environment.

Psychologist — is a specialist in the field of psychology who usually has a Master's degree or Ph.D. in psychology.

Public agency — includes the State Education Agencies, Local Education Agencies, Educational Service Agencies, public charter schools that are not otherwise included as LEAs or ESAs and are not a school of an LEA or ESA, and any other political subdivisions of the state that are responsible for providing education to children with disabilities.

Public Law (P.L.) 94-142 — is a law passed in 1975 requiring that public schools make available a "free appropriate public education" to eligible children beginning at age three and possibly lasting until a student's 22nd birthday regardless of disability. It is also called the Education for All Handicapped Children Act and is now known as the Individuals with Disabilities Education Act or IDEA.

Public Law (P.L.) 99-457 — is a law passed in 1986 that amended P.L. 94-142 and required states and territories to make available a "free appropriate public education" to all eligible children ages three to five by school year 1991-92 or risk losing all Part B and other federal funds for the education of children with disabilities. It also provided funds for states and territories to establish statewide systems to make available programs and services to infants and children with disabilities, ages birth through two years, and their families. Minnesota requires the provision of special education services beginning at birth for eligible children.

Related services — includes transportation and developmental, corrective, and other support services that a child with disabilities requires in order to benefit from special education; examples of related services include: audiology, psychological services, physical and occupational therapy, recreation, counseling services, interpreters for persons who are deaf or hard of hearing, and medical services for diagnostic and evaluation purposes.

Respite — is a temporary break from providing care for a child with a disability.

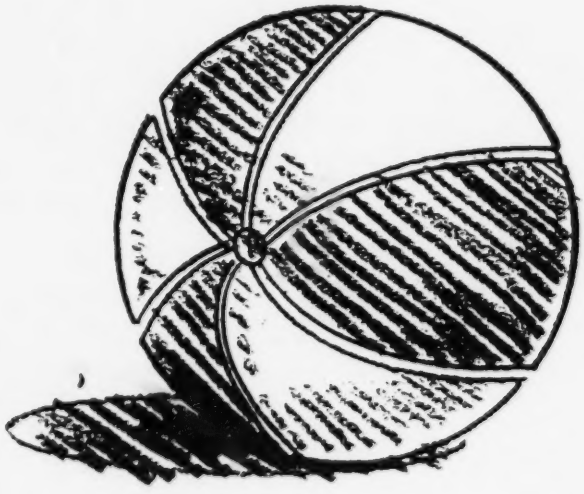
Service coordinator — is someone who acts as a coordinator of IFSP services for children ages birth through two and works in partnership with the family and providers.

Special education — specially designed instruction offered at no cost to families for children with disabilities who are eligible for such services.

Speech/language therapy — is therapy or treatment by a speech therapist to improve speech and/or language, communication, or oral-motor skills.

TEFRA — is a federal program that provides Medical Assistance to eligible children; it is administered through counties.

Waivered services — are federal programs that use Medicaid dollars for community based services; these services are administered through counties.



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Suggested Reading

Bloom, Beth-Ann; Seljeskog, Edward. *A Parent's Guide to Spina Bifida.* Minneapolis, MN: University of Minnesota Press, 1988. This book includes clear and practical information for parents when their baby is diagnosed as having spina bifida.

Coleman, Jeanine. *Early Intervention Dictionary.* Rockville, MD: Woodbine House, 1993. This book is a guide to multidisciplinary terminology.

Dickman, Irving. *One Miracle at a Time.* New York: Simon & Schuster, 1993. This book contains ideas and suggestions for families, based on interviews with hundreds of families of children with disabilities. It is realistic and hopeful.

Featherstone, Helen. *Difference in the Family.* New York: Basic Books, 1981. Written by an educator who is also the mother of a child with severe multiple disabilities, this book examines how a disability in a child affects both the family and professionals. This is an outstanding book for parents.

Finston, Peggy. *Parenting Plus.* New York: Dutton, 1990. This parenting book deals with the special issues and concerns of parents who are raising children with disabilities or who are chronically ill.

Geralis, Elaine, ed. *Children with Cerebral Palsy.* Rockville, MD: Woodbine House, 1991. This book is a comprehensive reference for families of children with cerebral palsy. It contains information about the child's needs in health care, home care, education, legal rights, and long-term care.

Haerle, Tracy, ed. *Children with Tourette Syndrome.* Rockville, MD: Woodbine House, 1992. This book is a thorough reference for parents of children with Tourette Syndrome.

Jones, Monica Loose. *Home Care for the Chronically Ill and Disabled Child.* New York: Harper & Row, 1985. This book contains specific information about choosing and working with health care professionals, meeting the daily needs of children with disabilities or chronic illnesses at home, and helpful ideas on the social, educational, and recreational needs of children.

Klein, Stan; *You Will Dream New Dreams.* New York: Kensington Books, 2001. Inspiring personal stories by parents of children with disabilities.

McElroy, Evelyn, ed. *Children and Adolescents with Mental Illness.* Rockville, MD: Woodbine House, 1988. This book includes information from doctors, nurses, educators, and parents about dealing with the systems that serve children with emotional disturbances.

Ogden, Paul. *Silent Garden.* St. Martin's Press, 1996. This book provides useful information to parents of children with hearing loss. Includes information on various modes of communication.

Powers, Michael, ed. *Children with Autism.* Rockville, MD: Woodbine House, 1989. This book contains information, a reading list, glossary, and resource guide.

Reisner, Helen, ed. *Children with Epilepsy.* Rockville, MD: Woodbine House, 1988. This is an excellent resource for parents to learn about epilepsy and how to cope with it and surrounding issues.

Schwartz, Sue; and Heller Miller, Joan. *The New Language of Toys: Teaching Communication Skills to Children with Special Needs.* Rockville, MD: Woodbine House, 1996. This book contains background information on language development and delays. The authors offer detailed suggestions for how to use toys along with sample language dialogues arranged sequentially by language developmental age from birth to 60 months.

Scott, Eileen P. *Can't Your Child See? A Guide for Parents and Professionals.* Austin, TX. Pro-Ed, 1994. This book is designed to help parents raise a child who is visually impaired. There are practice suggestions to help parent and child through the different stages of growth. A chapter is included on the child who is blind and has multiple disabilities.

Segal, Marilyn. *In Time and With Love.* New York: Newmarket Press, 1988. The author shares both professional and personal experiences and knowledge in raising a young child with a disability.

Simons, Robin. *After the Tears.* New York: Harcourt Brace Jovanovich, 1987. This book shares stories from families of children with disabilities. They share stories of anguish and of hope.

Stray-Gundersen, Karen. *Babies with Down Syndrome.* Rockville, MD: Woodbine House, 1995. Written by professionals and parents, this book covers everything new parents need to know about rearing these special children in a loving environment.

Trainer, Marilyn. *Differences in Common.* Rockville, MD: Woodbine House, 1991. This book is subtitled, "Straight Talk on Mental Retardation, Down Syndrome, and Life."

Winton, Pamela; Turnbull, Ann; Blacher, Jan. *Selecting a Preschool.* Baltimore, MD: University Park Press, 1984. This a guide for parents on selecting a preschool for a child with a disability.

Wolery, Mark; Wilbers, Jans, ed. *Including Children with Special Needs in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children, 1994. This book contains research and implications for creating inclusive programs for children.

Minnesota Board of Education Special Education Rules
For Early Childhood Education

Effective September 5, 1995

3525.1350 EARLY CHILDHOOD EDUCATION.

Subpart 1. **Definition.** Early childhood special education must be available to pupils from birth to seven years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education.

Subp. 2. **Criteria for birth through two years of age.** The team shall determine that a child from birth through the age of two years and 11 months is eligible for early childhood special education if:

A. the child meets the criteria of one of the disability categories; or

B. the child meets one of the criteria in subitem (1) in addition to criteria in subitems (2) and (3):

(1) the child:

(a) has a medically diagnosed syndrome or condition that is known to hinder normal development including, but not limited to, cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular disorders, cytomegalovirus, grades III and IV intracranial hemorrhage and bronchopulmonary dysplasia (BPD);

(b) has a delay in overall development demonstrated by a composite score of 1.5 standard deviations or more below the mean on an assessment using at least one technically adequate, norm-referenced instrument that has been individually administered by an appropriately trained professional; or

(c) is less than 18 months of age and has a delay in motor development demonstrated by a composite score of 2.0 standard deviations or more below the mean on an assessment using technically adequate, norm-referenced instruments. These instruments must be individually administered by an appropriately trained professional;

(2) the child's need for instruction and services is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting must be justified;

(3) corroboration of the development or medical assessment with a developmental history and at least one other assessment procedure that is conducted on a different day than the medical norm-referenced assessment. Other procedures may include parent report, language sample, criterion-referenced instruments, or developmental checklists.

Subp. 3. **Criteria for three through six years of age.** The team shall determine that a child from the age of three years through the age of six years and 11 months is eligible for early childhood special education when:

A. the child meets the criteria of one of the disability categories; or

B. the child meets one of the criteria in subitem (1) in addition to criteria in subitems (2) and (3):

(1) the child:

(a) has a medically diagnosed syndrome or condition that is known to hinder normal development including cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular disorders. cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD); or

(b) has a delay in each of two or more areas of development that is verified by an assessment using technically adequate, norm-referenced instruments. Subtests of instruments are not acceptable. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean score in each area;

(2) the child's need for special education is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting must be justified.

(3) corroboration of the development or medical assessment with a developmental history and at least one other assessment procedure in each area that is conducted on a different day than the medical or norm-referenced assessment.

Other procedures may include parent report, language sample, criterion-referenced instruments, or developmental checklists.

STAT AUTH: MS s 121.11; L 1994 c 647 art 3 s 23

HIST: 19 SR 2432

Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs)

The addresses and phone numbers for Parent Training and Information Centers and Community Parent Resource Centers below are current through June 1, 2001. For more recent contact information, call PACER Center at (952) 838-9000 Voice or (952) 838-0190 TTY.

ALABAMA

Special Education Action Committee Inc.
P.O. Box 161274
Mobile, AL 36616-2274
334-478-1208 voice & TDD
334-473-7877 fax
1-800-222-7322 AL only
seacofmobile@zebra.net
home.hiwaay.net/~seachsv

ALASKA

PARENTS, Inc.
4743 E. Northern Lights Blvd.
Anchorage, AK 99508
907-337-7678 voice
907-337-7629 TDD
907-337-7671 fax
1-800-478-7678 in AK
parents@parentsinc.org
www.parentsinc.org

AMERICAN SAMOA

American Samoa PAVE
P.O. Box 6844
Pago Pago, AS 96799
011-684-699-6946
011-684-699-6952 fax
SAMPAVE@samoatelco.com
www.taalliance.org/ptis/amsamoa

ARIZONA

Pilot Parents of Southern Arizona
2600 North Wyatt Drive
Tucson, AZ 85712
520-324-3150
520-324-3152
ppsa@pilotparents.org
www.pilotparents.org
Southern AZ

RAISING Special Kids
4750 N. Black Canyon Hwy, Ste. 101
Phoenix, AZ 85017-3621
602-242-4366 voice & TDD
602-242-4306 fax
1-800-237-3007 in AZ
raisingspecialk1@qwest.net
Central and Northern AZ

ARKANSAS

Arkansas Disability Coalition
1123 University Ave., Ste. 225
Little Rock, AR 72204-1605
501-614-7020 voice & TDD
501-614-9082 fax
1-800-223-1330 AR only
adc@alltel.net
www.adcpti.org
Statewide with FOCUS AR

FOCUS, Inc.
305 West Jefferson Ave.
Jonesboro, AR 72401
870-935-2750 voice
870-931-3755 fax
888-247-3755
focusinc@ipa.net
www.grnco.net/~norre
With Arkansas Disability Coalition AR

CALIFORNIA

DREDF
2212 Sixth St.
Berkeley, CA 94710
510-644-2555 (TDD available)
510-841-8645 fax
1-800-466-4232
dredf@dredf.org
www.dredf.org
Northern California with Parents Helping Parents, Santa Clara

Exceptional Family Support, Education and Advocacy Center
6402 Skyway
Paradise, CA 95969
530-876-8321
530-876-0346
1-888-263-1311
sea@sunset.net
www.sea-center.org

Exceptional Parents Unlimited
4440 N. First St.
Fresno, CA 93726
559-229-2000
559-229-2956 fax
epu1@cybergate.com
www.exceptionalparents.org
Central California

Loving Your Disabled Child (CPRC)
4528 Crenshaw Blvd.
Los Angeles, CA 90043
323-299-2925
323-299-4373 fax
lydc@pacbell.net
www.lydc.org
Most of LA County

Matrix
94 Galli Drive, Ste. C
Novato, CA 94949
415-884-3535
415-884-3555 fax
1-800-578-2592
alliance@matrixparents.org
www.matrixparents.org
Northern California with Parents Helping Parents, Santa Clara

Parents Helping Parents of San Francisco
594 Monterey Blvd.
San Francisco, CA 94127-2416
415-841-8820
415-841-8824 fax
sfphp@earthlink.com
Nine counties in the San Francisco Bay area

Parents Helping Parents of Santa Clara
3041 Olcott St.
Santa Clara, CA 95054-3222
408-727-5775 voice / 408-727-7655 TDD
408-727-0182 fax
info@php.com
www.php.com
Northern California with Matrix and DREDF

Parents of Watts (CPRC)
10828 Lou Dillon Ave.
Los Angeles, CA 90059
323-566-7556
323-569-3982 fax
egertonf@hotmail.com
With Loving Your Disabled Child

Support for Families of Children with Disabilities
2601 Mission #710
San Francisco, CA 94110-3111
415-282-7494
415-282-1226 fax
sfcdmiss@aol.com
San Francisco

TASK
100 West Cerritos Ave.
Anaheim, CA 92805
714-533-8275
714-533-2533 fax
taskca@aol.com
Southern California

TASK, San Diego
3750 Convoy St., Ste. 303
San Diego, CA 92111-3741
858-874-2386
858-874-2375 fax
tasksd1@aol.com
City of San Diego and Imperial counties

Vietnamese Parents of Disabled Children Assoc., Inc. (CPRC)
7526 Syracuse Ave.
Stanton, CA 90680
310-370-6704
310-542-0522 fax
luyenchu@aol.com
With Loving Your Disabled Child

COLORADO

PEAK Parent Center, Inc.
611 North Weber, Ste. 200
Colorado Springs, CO 80903
719-531-9400 voice / 719-531-9403 TDD
719-531-9452 fax
1-800-284-0251
info@peakparent.org
www.peakparent.org

CONNECTICUT

Connecticut Parent Advocacy Center
338 Main St.
Niantic, CT. 06357
860-739-3089 voice & TDD
860-739-7460 fax *(Call first to dedicate line)*
1-800-445-2722 in CT
cpac@cpacinc.org
www.cpac.org

DELAWARE

Parent Information Center of Delaware (PIC/DE)
700 Barksdale Road, Ste. 16
Newark, DE 19711
302-366-0152 voice / 302-366-0178 (TDD)
302-366-0276 fax
1-888-547-4412
picofdel@picofdel.org
www.picofdel.org

DISTRICT OF COLUMBIA

Advocates for Justice and Education
2041 Martin Luther King Ave., SE
Ste. 301
Washington, DC 20020
202-678-8060
202-678-8062 fax
1-888-327-8060
justice1@bellatlantic.net
www.aje.qpg.com/

FLORIDA

Family Network on Disabilities
2735 Whitney Road
Clearwater, FL 33760-1610
727-523-1130
727-523-8687 fax
1-800-825-5736 FL only
fnd@fndfl.org
www.fndfl.org

Parent to Parent of Miami, Inc. (CPRC)
c/o Sunrise Community
9040 Sunset Drive, Ste. G
Miami, FL 33173
305-271-9797
305-271-6628 fax
PtoP1086@aol.com
Miami Dade and Monroe Counties

GEORGIA

Parents Educating Parents and Professionals for All Children (PEPPAC)
6613 East Church St., Ste. 100
Douglasville, GA 30134
770-577-7771
770-577-7774 fax
peppac@bellsouth.net
www.peppac.org

HAWAII

AWARE
200 N. Vineyard Blvd., Ste. 310
Honolulu, HI 96817
808-536-9684 voice
808-536-2280 voice & TTY
808-537-6780 fax
1-800-533-9684
ldah@gte.net

Palau Parent Network
Center on Disability Studies,
University of Hawaii
1833 Kala Kaua Ave., #609
Honolulu, HI 96815
808-945-1432
808-945-1440 fax
dotty@hawaii.edu
patric@palaunet.com

IDAHO

Idaho Parents Unlimited, Inc.
4696 Overland Road, Ste. 568
Boise, ID 83705
208-342-5884 voice & TDD
208-342-1408 fax
1-800-242-4785
ipul@rmci.net
home.rmci.net/ipul

Native American Parent Training and Information Center
129 East Third
Moscow, ID 83843
208-885-3500
208-885-3628 fax
famtog@moscow.com
Nation-wide resource for Native American families, tribes, and communities as well as parent centers and others needing information on this subject.

ILLINOIS

Designs for Change
29 East Madison, Ste. 95
Chicago, IL 60602
312-236-7252 voice / 312-857-1013 TDD
312-236-7927 fax
markse@designsforchange.org
www.dfc1.org

Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 300
Chicago, IL 60604
312-939-3513 voice
312-939-3519 TTY & TDY
312-939-7297 fax
1-800-952-4199 IL only
frcdptiil@ameritech.net
www.ameritech.net/users/frcdptiil/index

Family T.I.E.S. Network
830 South Spring
Springfield, IL 62704
217-544-5809
217-544-6018 fax
1-800-865-7842
mrsinclusion@aol.com
www.taalliance.org/ptis/fties

National Center for Latinos with Disabilities
1915-17 South Blue Island Ave.
Chicago, IL 60608
312-666-3393 voice / 312-666-1788 TTY
312-666-1787 fax
1-800-532-3393
ncld@ncld.com
homepage.interaccess.com/~ncld

INDIANA

IN*SOURCE
809 N. Michigan St.
South Bend, IN 46601-1036
219-234-7101
219-239-7275 TDD
219-234-7279 fax
1-800-332-4433 in IN
insourc1@aol.com
www.insource.org

IOWA

Access for Special Kids (ASK)
321 E. 6th St.
Des Moines, IA 50309
515-243-1713
515-243-1902 fax
1-800-450-8667
ptiiowa@aol.com
www.taalliance.org/ptis/ia

KANSAS

Families ACT (CPRC)
Nina Lomely-Baker
555 N. Woodlawn
Wichita, KS 67203
316-685-1821
316-685-0768 fax
nina@mhasck.org
www.mhasck.org
Sedgwick County and outlying area

Families Together, Inc.
3340 W Douglas, Ste. 102
Wichita, KS 67203
316-945-7747
316-945-7795 fax
1-888-815-6364
fmin@southwind.net
www.familiestogetherinc.com

KENTUCKY

FIND of Louisville (CPRC)
1146 South Third St.
Louisville, KY 40203
502-584-1239
502-584-1261 fax
info@council-crc.org
www.council-crc.org

Kentucky Special Parent Involvement Network (SPIN)
1031 B Deering Road
Louisville, KY 40272
502-937-6894
502-937-6464 fax
1-800-525-7746
spininc@aol.com

LOUISIANA

Pyramid Parent Training Program (CPRC)
4101 Fontainbleau Dr.
New Orleans, LA 70125
504-827-0610
504-827-2999 fax
dmarkey404@aol.com

Project PROMPT
4323 Division Street, Ste. 110
Metairie, LA 70002-3179
504-888-9111
504-888-0246 fax
1-800-766-7736
fhfgno@ix.netcom.com
www.projectprompt.com

MAINE

Special Needs Parent Info Network
P.O. Box 2067
Augusta, ME 04338-2067
207-623-2144
207-623-2148 fax
1-800-870-7746
jlachance@mpf.org
www.mpf.org

MARYLAND

Parents Place of Maryland, Inc.
7484 Candlewood Rd. Ste. S
Hanover, MD 21076-1306
410-859-5300 voice & TDD
410-859-5301 fax
info@ppmd.org
www.ppmd.org

MASSACHUSETTS

Federation for Children with Special Needs
1135 Tremont St., Ste. 420
Boston, MA 02120-2140
617-236-7210 (voice and TTY)
617-572-2094 fax
1-800-331-0688 in MA
fcsninfo@fcsn.org
www.fcsn.org

Urban / PRIDE (CPRC)
1472 Tremont
Roxbury Crossing, MA 02120
617-445-3191
617-445-6309 fax
1-800-331-0688 in MA
cspinkstion@compassinc.com

IPEST (CPRC)
P.O. Box 4081
Vineyard Haven, MA 02568
508-696-5486
508-696-5497 fax
ckennedy@fastdial.net

MICHIGAN

CAUSE
3303 W. Saginaw, Ste. F-1
Lansing, MI 48917-2303
517-886-9167 voice & TDD & TDY
517-886-9775 fax
1-800-221-9105 in MI
info@causeonline.org
www.causeonline.org

"Parents are Experts"
Parents Training Parents
23077 Greenfield Road, Ste. 205
Southfield, MI 48075-3745
248-557-5070 voice & TDD
248-557-4456 fax
1-800-827-4843
ucp@ameritech.net
www.taalliance.org/ptis/mi-parents
Wayne County

MINNESOTA

PACER Center, Inc.
8161 Normandale Blvd.
Minneapolis, MN 55437-1044
952-838-9000 voice
952-838-0190 TTY
952-838-0199 fax
1-800-537-2237 in MN
pacer@pacer.org
www.pacer.org

MISSISSIPPI

Parent Partners
7 Lakeland Circle
Jackson, MS 39216
601-982-1988
601-982-5792 fax
1-800-366-5707 in MS
arcpti@parentpartners.org
www.taalliance.org/ptis/ms

Project Empower (CPRC)
136 South Poplar Ave.
Greenville, MS 38701
601-332-4852
601-332-1622 fax
1-800-337-4852
empower@tecinfo.com

MISSOURI

Missouri Parents Act (MPACT)
1 West Armour, Ste. 302
Kansas City, MO 64111
816-531-7070
816-931-2992 TDD
816-531-4777 fax
ptijcj@aol.com
www.crn.org/mpact

MONTANA

Parents Let's Unite for Kids
516 N. 32nd St.
Billings, MT 59101
406-255-0540
406-255-0523 fax
1-800-222-7585 in MT
plukinfo@pluk.org
www.pluk.org

NEBRASKA

Nebraska Parents Center
1941 South 42nd St., #122
Omaha, NE 68105-2942
402-346-0525 voice & TDD
402-346-5253 fax
1-800-284-8520
gdavis@neparentcenter.org
www.neparentcenter.org

NEVADA

Nevada Parents Encouraging Parents (PEP)
2810 W. Charleston Blvd., Ste. G-68
Quall Park IV
Las Vegas, NV 89102
702-388-8899
702-388-2966 fax
1-800-216-5188
nvpep@vegas.infi.net
www.nvpep.org

NEW HAMPSHIRE

Parent Information Center
P.O. Box 2405
Concord, NH 03302-2405
603-224-7005 (voice & TDD)
603-224-4379 fax
1-800-232-0986 in NH
picnh@aol.com
www.parentinformationcenter.org

NEW JERSEY

Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor
Newark, NJ 07102
973-642-8100
973-642-8080 fax
1-800-654-SPAN
span@spannj.org
www.spannj.org

NEW MEXICO

Parents Reaching Out, Project ADOBE
1000-A Main St. NW
Los Lunas, NM 87031
505-865-3700 voice & TDD
505-865-3737 fax
1-800-524-5176 in NM
nmproth@aol.com
www.parentsreachingout.org

EPICS Project (CPRC)
412 Camino Don Thomas, P.O. Box 788
Bernalillo, NM 87004-0788
505-867-3396
505-867-3398 fax
1-800-524-5176 in NM
epics@swcr.org

NEW YORK

The Advocacy Center
277 Alexander St., Ste. 500
Rochester, NY 14607
716-546-1700
716-546-7069 fax
1-800-650-4967 (NY only)
advocacy@frontiernet.net
www.advocacycenter.com
Statewide except for NY City.

Advocates for Children of NY
151 West 30th St., 5th Floor
New York, NY 10001
212-947-9779
212-947-9790 fax
aespada@advocatesforchildren.org
www.advocatesforchildren.org
Five boroughs of New York City

Resources for Children with Special Needs, Inc.
200 Park Ave. South, Ste. 816
New York, NY 10003
212-677-4650
212-254-4070 fax
info@resourcesnyc.org
www.resourcesnyc.org
New York City (Bronx, Brooklyn, Manhattan, Queens, Staten Island)

Sinergia/Metropolitan Parent Center
15 West 65th St., 6th Floor
New York, NY 10023
212-496-1300
212-496-5608 fax
dalsinergia@worldnet.att.net
www.sinergiany.org
New York City

United We Stand (CPRC)
312 South 3rd St.
Brooklyn, NY 11211
718-302-4313
718-302-4315 fax
uwsofny@aol.com
www.taalliance.org/ptis/uws

NORTH CAROLINA

ECAC, Inc.
P.O. Box 16
Davidson, NC 28036
704-892-1321
704-892-5028 fax
1-800-962-6817 NC only
ECAC1@aol.com
www.ecac-parentcenter.org

NORTH DAKOTA

ND Pathfinder Parent Training And Information Center
Arrowhead Shopping Center
1600 2nd Ave. SW, Ste. 19
Minot, ND 58701-3459
701-837-7500 voice / 701-837-7501 TDD
701-837-7548 fax
1-800-245-5840 ND only
ndpath01@minot.ndak.net
www.pathfinder.minot.com

OHIO

Child Advocacy Center
1821 Summit Road, Ste. 303
Cincinnati, OH 45237
513-821-2400
513-821-2442 fax
CADCenter@aol.com
Southwestern Ohio, Northern Kentucky, Dearborn County, Indiana

OCECD
Bank One Building
165 West Center St., Ste. 302
Marion, OH 43302-3741
740-382-5452 voice & TDD
740-383-6421 fax
1-800-374-2806
ocecd@gte.net
www.taalliance.org/PTIs/rcgohio

OKLAHOMA

Oklahoma Parents Center, Inc.
4600 Southeast 29th St., Ste. 115
Del City, OK 73115-4224
405-619-0500
405-670-0776 fax
1-800-759-4142
okparentctr@aol.com
www.taalliance.org/ptis/ok

OREGON

Oregon COPE Project
999 Locust St. NE
Salem, OR 97303
503-581-8156 voice & TDD
503-391-0429 fax
1-888-505-COPE
orcope@open.org
www.open.org/~orcope

PENNSYLVANIA

Hispanos Unidos para Niños Excepcionales (Hispanics United for Exceptional Children) (CPRC)
Buena Vista Plaza
166 W. Lehigh Ave., Ste. 101
Philadelphia, PA 19133-3838
215-425-6203
215-425-6204 fax
huneinc@aol.com
City of Philadelphia, occasional service to surrounding counties

Parent Education Network
2107 Industrial Hwy.
York, PA 17402-2223
717-600-0100 voice & TTY
717-600-8101 fax
1-800-522-5827 in PA
1-800-441-5028 (Spanish in PA)
pen@parentednet.org
www.parentednet.org

The Mentor Parent Program (CPRC)
P.O. Box 47
Pittsfield, PA 16340
814-563-3470
814-563-3445 fax
swalder@westpa.net

PUERTO RICO

APNI
P.O. Box 21280
Ponce de Leon 724
San Juan, PR 00928-1280
787-763-4665
787-765-0345 fax
1-800-981-8492
apnipr@prtc.net
Island of Puerto Rico

RHODE ISLAND

RI Parent Information Network
175 Main St.
Pawtucket, RI 02860
401-727-4144 voice / 401-727-4151 TDD
401-727-4040 fax
1-800-464-3399 in RI
collins@ripin.org
http://www.ripin.org

SOUTH CAROLINA

Parent Training & Resource Center (CPRC)
c/o Family Resource Center
135 Rutledge Ave., P.O. Box 250567
Charleston, SC 29425
843-876-1519
843-876-1518 fax
mccarthyb@musc.edu
Tri-county: Charleston, Berkeley, and Dorchester

PRO-PARENTS
2712 Middleburg Drive, Ste. 203
Columbia, SC 29204
803-779-3859 voice
803-252-4513 fax
1-800-759-4776 in SC
proparents@aol.com
www.proparents.org

SOUTH DAKOTA

South Dakota Parent Connection
3701 West 49th St., Ste. 200B
Sioux Falls, SD 57106
605-361-3171 voice & TDD
605-361-2928 fax
1-800-640-4553 in SD
bpete@dakota.net
www.sdparent.org

TENNESSEE

Support and Training for Exceptional Parents, Inc. (STEP)
424 E. Bernard Ave., Ste. 3
Greeneville, TN 37745
423-639-0125 voice / 636-8217 TDD
423-636-8217 fax
1-800-280-STEP in TN
tnstep@aol.com
www.tnstep.org

TEXAS

El Valle Community Parent Resource Center (CPRC)
530 South Texas Blvd., Ste. J
Weslaco, TX 78596
956-969-3611
956-969-8761 fax
1-800-680-0255 TX only
texasfiestaedu@acnet.net
www.tfepoder.org
Cameron, Willacy, & Starr Counties.

The Arc of Texas in the Rio Grande Valley Parents Supporting Parents Network (CPRC)
601 N Texas Blvd.
Weslaco, TX 78596
956-447-8408
956-973-9503 fax
1-888-857-8688
ljzuniga@earthlink.net
www.thearcoftexas.org

Partners Resource Network Inc.
1090 Longfellow Drive, Ste. B
Beaumont, TX 77706-4819
409-898-4684 voice & TDD
409-898-4869 fax
1-800-866-4726 in TX
txprn@pnx.com
www.PartnersTX.org

Project PODER
1017 N. Main Ave., Ste. 207
San Antonio, TX 78212
210-222-2637
210-475-9283 fax
1-800-682-9747 TX only
poder@tfepoder.org
www.tfepoder.org
San Antonio, Hondo, & Castroville. Cameron, Hidalgo, Willacy, & Starr Counties.

UTAH

Utah Parent Center
2290 East 4500 S., Ste. 110
Salt Lake City, UT 84117-4428
801-272-1051
801-272-8907 fax
1-800-468-1160 in UT
helenpo@utahparentcenter.org
www.utahparentcenter.org

VERMONT

Vermont Parent Information Center
1 Mill Street, Ste. A7
Burlington, VT 05401
802-658-5315 voice & TDD
802-658-5395 fax
1-800-639-7170 in VT
vpic@together.net
www.vtpic.com

VIRGIN ISLANDS

V.I. FIND
#2 Nye Gade
St. Thomas, US VI 00802
340-774-1662
340-774-1662 fax
vifind@islands.vi
www.taalliance.org/ptis/vifind

VIRGINIA

PADDA, Inc. (CPRC)
813 Forrest Drive, Ste. 3
Newport News, VA 23606
757-591-9119
757-591-8990 fax
1-888-337-2332
webmaster@padda.org
www.padda.org

Parent Educational Advocacy Training Center
6320 Augusta Drive
Springfield, VA 22150
703-923-0010
703-923-0030 fax
1-800-869-6782 VA only
partners@peatc.org
www.peatc.org

WASHINGTON

Parent to Parent Power (CPRC)
1118 S 142nd St.
Tacoma, WA 98444
253-531-2022
253-538-1126 fax
yvonne_link@yahoo.com

PAVE/STOMP
6316 South 12th St., Ste. B
Tacoma, WA 98465
253-565-2266 voice & TTY
253-566-8052 fax
1-800-572-7368
hhebdon@washingtonpave.com
www.washingtonpave.org
U.S. military installations; and parent centers and others needing information on this subject.

PAVE
6316 South 12th St., Ste. B
Tacoma, WA 98465-1900
253-565-2266 (voice & TDD)
253-566-8052 fax
1-800-572-7368 in WA
jbutts@washingtonpave.com
www.washingtonpave.org

WEST VIRGINIA

West Virginia PTI
Pat Haberbosch
371 Broaddus Ave.
Clarksburg, WV 26301
304-624-1436 voice & TTY
304-624-1438
1-800-281-1436 in WV
wvpti@aol.com
www.wvpti.org

WISCONSIN

Native American Family Empowerment Center
Great Lakes Inter-Tribal Council, Inc.
2932 Hwy. 47N, P.O. Box 9
Lac du Flambeau, WI 54538
715-588-3324
715-588-7900
1-800-472-7207 (WI only)
drosin@newnorth.net

Parent Education Project of Wisconsin
2192 South 60th St.
West Allis, WI 53219-1568
414-328-5520 voice / 414-328-5525 TDD
414-328-5530
1-800-231-8382 (WI only)
PMColletti@aol.com
members.aol.com/pepofwi

Wisconsin Family Assistance Center for Education, Training and Support (CPRC)
2714 North Dr. Martin Luther King Dr., Ste. E
Milwaukee, WI 53212
414-374-4645 / 414-374-4635 TTD
414-374-4655 fax
wifacets@execpc.com

WYOMING

Parent Information Center
5 North Lobban
Buffalo, WY 82834
307-684-2277 voice & TDD
307-684-5314
1-800-281-1436 in WY
tdawson@wpic.org
www.wpic.org

PACER CENTER